

**Exhibit A**

**St. Elizabeth's Medical Center**

## **I. St. Elizabeth**

The Ombudsman and her representative arrived at St. Elizabeth's Medical Center on the morning of June 3, 2024. Upon arrival, the Ombudsman and her representative met with senior leadership of the Hospital: the President and CEO, the Chief Operating Officer ("COO"), the Chief Financial Officer ("CFO"), the Chief Medical Officer ("CMO"), and the Chief Nursing Officer ("CNO"). In addition, a member of the Corporate Quality Department and two members from ForHealth Consulting (who were the consultants on site for the Massachusetts Department of Health) also attended the meeting. The senior leadership team appeared genuinely interested in assuring that their Hospital was committed to providing excellent patient outcomes and improving quality care. The staffing guidelines were provided to the Ombudsman and her representative for all nursing departments during this meeting.

## **II. Arrival**

The Ombudsman and her representative arrived at the Hospital's parking garage on the day of their visit. There was a security guard at the entrance of the parking garage. The parking garage did not have functioning elevators. Therefore, anyone parking in this garage must walk down the steps or down the ramp where cars drive. The Ombudsman and her representative were later informed that free valet parking is offered, if needed. Upon arrival, this information was not relayed by the security guard. The entrance doors and glass to the Hospital were dirty and needed to be cleaned.

## **III. Emergency Department**

The Ombudsman and her representative began their visit in the emergency department (the "ED"). During the month of May 2024, the ED treated, on average, 71 patient per day. The patient statistics for May 2024 were as follows:

- a. 1.3% of patients left the ED against medical advice.
- b. 0.6% of patients had a length of stay in the ED of 486 minutes prior to admission to the Hospital.
- c. the length of stay (“LOS”) for discharged patients was 159 minutes.
- d. 12% of patients presenting to the ED were admitted to Med-Surg areas of the Hospital.

On an average day, 18 patients arrive to the ED via ambulance. An emergency medical system (“EMS”) notification system is available to notify the staff of incoming EMS emergencies. Upon the Ombudsman’s arrival in the ED, there were 35 patients in the ED. Staffing appeared appropriate based on the staffing guidelines for RNs, ED technicians, and secretaries set by the Hospital. In addition, the charge nurse was present in the ED but not assigned to patient care. There was evidence of a physician on rounds in the ED during the Ombudsman’s visit.

The ED staff told the Ombudsman and her representative that there were no issues with supplies. Upon checking the supply rooms, the Ombudsman and her representative observed that the supply rooms were clean, organized and no supplies appeared to be low or missing. The staff nurses told the Ombudsman and her representative that the ED supplies arrive early morning each day. The charge nurse told the Ombudsman and her representative that the lab and radiology turnaround time was not an issue. There is a CT scanner and radiology in the ED. There is access to a panic button for security emergencies. Security had an active presence within the ED during the Ombudsman’s visit.

The ED environment was not noisy. The nurse’s station is in pods with patient care bays surrounding it. The ED rooms are private except for four behavioral health beds that are cohosted

for ease of staff visualization. The behavioral health patients have a specific restroom assigned to them that is designed for patient safety.

The curtains were pulled in occupied rooms for patient privacy. Each room appeared spacious enough to accommodate at least one stretcher, a visitor chair and a computer. Hand sanitation was readily available. There were multiple outlets at the head of the bed for equipment utilization. Suction and oxygen were also available. The triage nurse had good visualization of the waiting area. Restrooms and water fountains were available for public use.

The ED staffing levels are dynamic and they ebb and flow based on typical times of increased patient census. Additionally, there were several ED techs and an ED nurse educator on staff at the time of the visit. Orientation for ED nurses requires 12 to 16 weeks of training depending on the nurse's years of experience and type of nursing experience. Nurse orientation and training is both hands on and classroom time. An orientation checklist is completed prior to removing a nurse from orientation and orientation can be extended if needed.

The Ombudsman's representative reviewed an ED patient's chart. The chart included the patient's vital signs and documented critical call back data. ED nurses were able to verbalize the critical call back policy to the Ombudsman's representative.

#### **IV. Cardiothoracic Intensive Care Unit**

The Hospital has a 10-bed Cardiothoracic Intensive Care Unit that cares for approximately 800 cardiothoracic patients per year. The acuity for this unit is high. According to the staff, each nurse is assigned to one or two patients and additional staff includes a resource nurse without a patient assignment, one to two nursing assistants and a unit secretary for each shift. The nurse to patient ratio appeared appropriate for the level of acuity. The Ombudsman and her representative verified the staffing levels. There were no observed HIPPA violations.

The staff told the Ombudsman and her representative that they did not have any supply issues. The Ombudsman and her representative inspected the supply room. There were ample supplies on the day of the visit. The supply room was clean and orderly on the day of the visit. The soiled utility room was separate from the clean supplies.

Each patient room is private and was spacious. There appeared to be enough room for visitors and emergency equipment in each room. Several rooms were checked for appropriate oxygen, outlets, and suction and these items were present in each room on the day of the visit. This unit has at least one negative pressure room. Personal protective equipment was readily available in this unit.

#### **V. Cardiac Stepdown Unit**

This unit is a 16-bed cardiac step-down unit with cardiac monitoring. The Ombudsman and her representative were informed that this unit has a nurse-to-patient ratio of three to four patients per nurse. They were also informed that there is at least one nursing assistant on each shift and one unit secretary on shift from 7:00 a.m. until 9:30 p.m. The Ombudsman and her representative verified the staffing levels by reviewing the patient assignment board.

In this unit, patient rooms are private, spacious and privacy curtains are present. The window ledges were free of clutter on the day of the visit. Emergency equipment and oxygen was available in all rooms on the day of the visit. Hand sanitizers were available inside of the rooms and throughout the department on the day of the visit.

Cardiac monitoring was being performed at the central nurse's station. The Ombudsman and her representative were informed that the nurses do not have the ability to turn the volume off any of the cardiac monitoring equipment at the central nurse's station.

The supply room for this unit was inspected and found to be clean, and all patient care supplies appeared to be present. The charge nurse told the Ombudsman and her representative that there were no issues with supplies.

#### **VI. Intensive Care Unit**

The intensive care unit (the “ICU”) is a 28-bed medical-surgical ICU. The Ombudsman and her representative were told that the ICU has a nurse-to-patient ratio based on acuity, with the maximum of two patients to one RN. On the day of the visit, there were eight patients being monitored by one RN each due to the patients’ acuity levels. There was a charge nurse and a resource nurse without an assignment in this unit. The nursing staff told the Ombudsman and her representative that they were adequately staffed and that each shift was staffed with at least one nursing assistant and one unit secretary.

The ICU rooms were spacious and free from hazards on the day of the visit. Medical gasses and emergency equipment were available for each room on the day of the visit. The charge nurse told the Ombudsman and her representative that there were no issues with supplies.

The nurse educator stated that the length of a nurse’s orientation training in the ICU is based on years of experience and the ability to safely remove the nurse from orientation. Competencies are performed yearly on all ICU staff and all ICU nurses must be ACLS trained and certified.

A review of an ICU patient’s chart showed that pain medication was given, and the patient was reassessed for the medicine’s effectiveness within an hour. According to staff, non-verbal patients are assessed with the critical-care pain observation tool and verbal patients are assessed using a 0-10 numerical scale. The staff indicated that both fall and skin assessments are

performed daily. They also indicated that vital signs are done at least hourly and more frequently depending on the patient's stability.

## **VII. Obstetrical Unit**

The obstetrical unit (the "OB Unit") is a locked unit and requires a special ID badge to enter the OB Unit. Each badge is a specific color, and patients are informed never to allow anyone without the special badge to remove their infant. Parents are provided education on infant safety.

According to the staff, the OB unit is staffed with six RNs, one perinatal assistant/scrub technician per shift and one unit secretary from 7:00 a.m. -9:30 p.m. Two RNs attend each C-section performed -- one to circulate and one to care for the newborn. In addition, this area has a nurse educator without an assignment. There was one delivery during the timeframe that the Ombudsman was in the building. Bedside nurses stated that they follow the Association of Women's Health, Obstetrics, and Neonatal Nurses standards. All nurses are trained in external fetal monitoring and shoulder dystocia.

All rooms are labor, delivery, and recovery rooms. Emergency equipment was available in all rooms for the mother and the infant on the day of the visit and the rooms were free of clutter. A malignant hyperthermia cart (a special cart with emergency medications to treat a rare but potentially deadly condition of extremely elevated temperature after anesthesia), a code cart, and a rapid transfuser (equipment to quickly infuse blood and blood products if a patient hemorrhages) were located in the OB Unit on the day of the visit. In addition, there was a post-partum hemorrhage kit available.

The nursing staff told the Ombudsman and her representative that there were no supply issues. Upon inspection of the supply room, the Ombudsman and her representative found the supply room to be neat, orderly and appeared to contain needed supplies, including supplies used

to stop post-partum hemorrhage was found. Temperatures and humidity levels in the supply room were being monitored.

### **VIII. Post-Partum/Mother Baby Unit**

The Ombudsman and her representative were told that the post-partum/mother baby unit is staffed with one RN to three couplets. They were also informed that this unit is staffed with at least one nursing assistant per shift and a unit secretary is available until 11:00 p.m. Based on the unit guidelines established by the Hospital, the staffing of the unit was adequate on the day of the visit.

Infant safety in this unit is monitored with the HUGS security system. If an infant is too close to the elevator or goes through an exit, the system alarms and all elevators go directly to the OB unit and stop. The Ombudsman and her representative were told that drills (code pink) are performed at least yearly. According to the staff, a code pink drill was performed one week prior to the Ombudsman's visit. During any code pink, all Hospital employees are expected to go to stairwells to assure that there are no infant abductions.

According to staff, all infants have genetic testing, including Phenylketonuria screening, prior to their discharge as well as a hearing screen. Mothers are screened for post-partum depression and if a mother screens positive for depression, a consult to psych may be ordered. All patient rooms are private in this unit.

On the day of the visit, the storage area appeared clean and organized and all necessary supplies appeared to be present.

### **IX. Neonatal Intensive Care Unit**

On the day of the visit, the neonatal intensive care unit census was seven with five RNs and one unit secretary staffed in the unit. Based on the scheduling guidelines established by the Hospital, this area was staffed appropriately on the day of the visit.



The charge nurse told the Ombudsman and her representative that there were no issues with supplies. The Ombudsman and her representative were told that supplies for this unit are specially ordered by the unit secretary based on par levels. Special neonatal code carts and line carts were readily available on the day of the visit.

The neonates were spaced an appropriate distance apart on the day of the visit. The rooms were uncluttered without excessive supplies in drawers on the day of the visit. Several isolettes were stored in the dirty utility room waiting to be cleaned and the leadership team told the Ombudsman and her representative that the isolettes would be cleaned by the nursing staff.

#### **X. Pharmacy Department**

The entry area for the pharmacy is monitored by security cameras. For security purposes, the department name is not listed on the door and the door is always locked. The layout of the pharmacy precludes unrelated traffic through positive pressure IV prep areas. Positive pressure is monitored electronically in the sterile room and outside in the anteroom. A separate area is provided for office functions. Handwashing stations are readily available throughout the pharmacy department. A separate area is provided for employee breaks.

A computerized system monitors drug diversions, and the Ombudsman and her representative were informed that the pharmacy department director is notified if an employee falls outside two standard deviations of drug usage based on drug usage by others in that department.

The pharmacy provides service on all shifts and the pharmacy director told the Ombudsman and her representative that there were a few vacancies in the department. The pharmacy director is actively recruiting to fill the vacant positions and staff members are working overtime to offset the shortage of pharmacy staff.

The pharmacy director told the Ombudsman and her representative that there were no drug shortages other than the usual national shortages. A pharmacist is available in the ED and rounds with the ICU physicians. The pharmacist reviews medications with the teams and offers alternative medications if necessary.

#### **XI. Central Supply Department**

The central supply department is spacious and was uncluttered on the day of the visit. The Ombudsman's representative spoke with a staff member who said that there were no supply shortages and stated that, at the time of the visit, there seemed to be more supplies than necessary. The staff member could not speak about supplies that are ordered by specialty departments such as the operating room or the neonatal intensive care unit. A tour of the central supply department did not indicate a shortage of supplies.

#### **XII. Kitchen Department**

The Ombudsman, her representative and a Sodexo representative toured the kitchen. The kitchen leadership team is comprised of four managers from Sodexo. The rest of the team are Hospital employees. The kitchen is separated into the retail side and the patient side. The kitchen appeared to be neat and clean on the day of the visit. Temperature logs were located on each refrigerator for the month and were up to date. All food items in the refrigerators were dated with expiration dates except for a package of lettuce on the bottom shelf that was not dated.

The menu is on a seven-day schedule, but they have an alternative menu too. On the daily menu, patients get two food options plus the alternative menu that is always available. The kitchen staff includes ambassadors who prepare lunch and dinner orders after breakfast. The ambassadors are responsible for delivering the food to the patient rooms (except to the psych ward where the food is left outside the locked doors). The kitchen staff prepare six different diets. They do not

have a low sodium menu, but many items are low sodium. They use heated magnetized plates with a dome on top. This allows the food to stay hot for 45 minutes to an hour. All Steward hospitals use this heating system. During the plating line process, there was good communication between chef/cook, the preparer and the ambassadors who are assembling the trays. Temperatures for all food items ranged from 160 to 191 degrees except for the bread which was 131 degrees and was deemed appropriate for bread. No items needed to be reheated.

All food deliveries come from Sysco, except for dairy items that come from Garelick Farms (Dairy Farms of America). Deliveries are received from Sysco on Mondays and Thursdays and dairy items are delivered on Mondays and Fridays. Food items that are pureed and soups are received ready to be served and frozen from Sysco. Once food is prepared, it is discarded if it is not used. Bread is delivered every three days. During the tour, there were some bread items that were not dated.

The kitchen staff told the Ombudsman's representative that one refrigerator is not working, but it is in the process of being repaired.

### **XIII. Case Management**

The cash management team consists of nurses and social workers. The team's social workers do discharge planning and consulting. When a patient is first admitted, the Ombudsman and her representative were told that a risk assessment is completed within first 24 hours to assess admission and medication needs. The risk assessment includes fields for insurance, address, food insecurity, shelter, substance abuse and other items.

The Ombudsman and her representative were told that the case management team meets with every single patient and completes progress notes with updates. In preparation for discharge, physical therapy ("PT") meets with patients to assess whether the patient will need PT and then

discharge options are presented to the patient and their caregivers. This could include rehab based on insurance and at the patient's location after discharge. The case management team indicated that they do rounds every morning and afternoon to determine the patients' discharge dates, needs upon discharge and estimated length of the Hospital stay.

The Ombudsman and her representative were told that the case management team encourages patients to do a health care plan and tries to get a healthcare proxy from every patient (documenting if and when one is received). If guardianship is needed, the doctor fills out the request and the Steward attorneys handle the request, which typically takes a long time given that most guardians are court appointed. Steward healthcare has a centralized utilization review department. If a patient is clinically ready to discharge, but a rehabilitation facility is not ready to take the patient, the utilization review team will reach out to insurance to obtain coverage for an extended stay.

The Hospital cares for many patients that are not citizens and who do not have insurance. The patient might have Mass Health Limited; otherwise, it is charity care. The team indicated that it is important to ensure that these vulnerable patients are not discharged too soon. Some patients have no discharge options or caregivers and cannot go to shelters and/or are too compromised and cannot care for themselves. The Hospital, with the assistance of community partners, helps to find solutions for vulnerable patients.

#### Patient Story 1

The patient is a 68-year patient from China with a 16-year-old child. The patient has cancer and is currently receiving radiation therapy. The patient's child is currently in foster care because the patient cannot care for the child. The patient has a 40-year-old child from China who is trying to get a visa to come to the United States to care for both the patient and their sibling. The patient

is currently getting inpatient radiation treatment and rehab therapies. The patient's child has had a recent psychiatric admission because the child is upset in foster care. The discharge planner said "I wanted to take the child home with me" because the discharge planner is so upset for this young child.

#### Patient Story 2

The patient was wheeled into the Hospital directly after attending court where the patient was evicted for non-payment of rent. The patient has no home and cannot go to a shelter because the patient is too medically compromised and cannot care for themselves. The patient came to the Hospital because the patient needed a place to live.

#### **XIV. Elevator Concerns**

The safe transportation of patients and visitors at the Hospital is a concern. At the time of the Ombudsman's visit, there were a total of 16 elevators at the Hospital, but only nine of the elevators were functional. Throughout the report time period, the Ombudsman has received regular reports from the Hospital on the status of the elevator repairs.

The status of the elevators at the time of the Ombudsman's visit is summarized below:

- 2 of 4 elevators were operational in the CMP building;
- 1 of 2 elevators were operational in the Seton/CCP building;
- None of the elevators were operational in the Seton building. There are 2 elevators in this building;
- 2 of 3 elevators were operational in the SMC building;
- For the ED in the Cornell building, all of the elevators were functioning.  
There are two elevators in this building for the ED;

- For the ICU in the Cornell building, all of the elevators were functioning. There are two elevators in this building for the ICU; and
- No elevators in Garage B were operational. There is one elevator in Garage B.

The Ombudsman received an elevator update from the Hospital on June 11, 2024 and based on the report, a generator had been reinstalled on C3 at the Hospital which would allow for certain elevators to function again. The Hospital was waiting for the state inspector to evaluate this generator installation (with an anticipated inspection date of June 12, 2024). If the generator passes inspection, the Hospital will have two more functional elevators in the Seton building.

The Ombudsman subsequently received a further update from the Hospital's President indicating that a second elevator was operational for the Seton building and a third elevator should be functional soon with the state scheduled to inspect the third elevator on either June 19, 2024 or June 20, 2024.

**a. June 21, 2024 Elevator Update**

The third elevator was ready for inspection in the Seton building and the elevator vendor and fire alarm vendor was onsite for the state inspection. Unfortunately, the state inspector cancelled at the last minute and rescheduled their visit to the following Tuesday.

**b. June 28, 2024 Elevator Update**

The elevator status remained unchanged from previous week.

- 2 of 4 elevators servicing the Seton/CCP building were operational;
- 2 of 4 elevators servicing the CMP building were operational;
- 2 of 3 elevators servicing the SMC building were operational;
- 2 of 2 elevators servicing the ICUs were operational; and

- 2 of 2 elevators servicing the ED were operational.

The state inspector was at the Hospital on June 27, 2024 to evaluate the B2 car (Seton/CCP building). The elevator did not pass the new FS90 requirement. Schindler was to be back onsite on the weekend to repair the B2 car and a request a repeat inspection for Wednesday.

### **c. July 8, 2024 Elevator Update**

The elevator status remained unchanged from the June 28, 2024 update above. See below for a further update on the elevator status during the Ombudsman's recent follow up visit.

## **XV. Kitchen Equipment**

With respect to kitchen equipment, all major equipment is operational. The Hospital ordered three refrigerators to replace equipment that was not functional in the kitchen and deli line within the cafeteria. This new equipment will enhance services and efficiency.

## **XVI. Chillers**

A rental chiller has been obtained to supplement the existing infrastructure in the central plant that has allowed the Hospital to maintain adequate temperatures and humidity across the entire building except for Saint Margaret's, which is on a separate system. A long term solution is required to replace or fix the two chillers that would eliminate the need for a seasonal rental.

Saint Margaret's has work scheduled over a ten day period with chiller technicians to bring a second chiller online for that area of the Hospital. Temperatures and humidity with the existing system are being maintained, but have required close management and monitoring.

## **XVII. Unannounced Return Visit on July 10, 2024**

The Ombudsman and her representative returned for an unannounced visit on July 10, 2024. They met with the CNO, the COO and the Environmental and Facilities Director. On the day of this visit, the Hospital census was 163 patients. The leadership team told the Ombudsman

and her representative that there were no issues with staffing, supplies or equipment. The purpose of the visit was to follow up on the elevator outages and to revisit the kitchen.

**a. Elevator Update Status**

The Ombudsman and her representative met with the COO and the Environmental and Facilities Director and were told that progress was made on the elevator outages. During the initial on-sight visit, nine of 16 elevators were functioning. On the day of this follow up visit, 11 of 16 elevators were in service and several others were waiting for an inspection or parts for repair. Multiple elevators are scheduled for inspection between July 18, 2024 and July 22, 2024, which will allow several additional elevators to return to operation.

The facilities team has a detailed spreadsheet that they are using for tracking the elevator status, plans to address the elevator outages and any updates. They also have a detailed floor plan map for each building and each level of the building to map out the location of each elevator. Their process for addressing the elevator concerns is detailed and gives alternate routes to all staff, patient and visitors if needed. The Ombudsman and her representative noted that the leadership team is highly engaged and attentive to the urgency of returning the Hospital's elevators to functioning status.

On the day of the visit, two more elevators were in service:

- The Parking Garage B elevator; and
- The Supply Freight Elevator in the St Margaret's Building.

**b. Kitchen Update Status**

The Ombudsman and her representative toured the kitchen with the kitchen manager and the COO. The manager told the Ombudsman and her representative that the



census had decreased from a normal of 180-190 trays per meal to about 150 trays per meal. The kitchen team is working on removing the disposable Styrofoam plates and cups that they currently use. On the prior visit to the Hospital, it was noted that a refrigerator was not in service. It has since been removed from the kitchen and a new refrigerator, a back-up refrigerator and a deli refrigerator have been ordered and are expected to arrive next week.

Observations shared with the kitchen staff include:

1. The location of the eyewash station is a bit far from the chemicals in use in the dish washing area. The manager stated that they have discussed this in the past and are considering installation of a second eye wash station near the dish washing area.
2. Several corrugated cardboard boxes are in the food preparation area and are being used to store Styrofoam plates and cups and other daily use items. A suggestion was made to replace the cardboard boxes with a plastic alternative, as corrugated cardboard is known to be a place where insects lay eggs.

The manager agreed that these were areas to focus on and they would look for alternative ways to manage these items. Overall, the kitchen appeared to be in a similar condition as it was during the primary visit. The space is clean and functions well.

### **XVIII. General Impression**

The Hospital requires certain plant and equipment upgrades. As noted in the report, upon entering the Hospital, the parking garage for visitors does not have a functioning elevator. Throughout the entire Hospital, there are numerous elevators that are not functioning. The Hospital

doors and windows require cleaning. The Hospital has chipped handrails throughout all areas as well as chipped woodwork.

The Hospital leadership is engaged and dedicated to making improvements. The nursing staff is engaged with the leadership team and were receptive to discussing the Hospital with the Ombudsman and her representative. The nursing staff appeared to know both unit specific and organizational policies.

The Hospital's staffing appeared adequate on the day of the visit. Several areas have a charge nurse and educators without an assignment, free resource nurse, phlebotomy, and an IV team. Although the CNO admits that they have had nursing turnover since the bankruptcy filing, the CNO is actively recruiting and filling vacant RN shifts with overtime, in house travelers and bonuses.

Except for many non-functioning elevators, the Ombudsman did not observe anything on the day of the visit to indicate that patients are receiving unsafe care or are in immediate jeopardy.